

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS.

**CERTIFICATE OF BIRTH.** Ter. Index No. 132

PLACE OF BIRTH  
County of Gila  
District of Payson  
Town of Payson  
or  
City of \_\_\_\_\_

(No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward)

Register No. 212

FULL NAME OF CHILD Howell Born ☒ Yes  
Alive ☒ No

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>M</u>	Twin, triplet or other _____	and Number in order of birth <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 28</u> 19 <u>13</u> (Month) (Day) (Year)
FATHER		MOTHER		
Full Name <u>Harry F. Howell</u>		Full Maiden Name <u>Mamie M. Stewart</u>		
Residence <u>Roosevelt</u>		Residence <u>Payson</u>		
Color or Race <u>W</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>18</u> (Years)	
Birthplace <u>New Mexico</u>		Birthplace <u>Ariz.</u>		
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ M.

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) C. H. Riser (Attending physician, midwife, householder?)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ Address Payson, Ariz.

083-829-423 Filed 9/10 1913 C. H. Riser LOCAL REGISTRAR.  
COUNTY REGISTRAR. D. G. Gray COUNTY REGISTRAR.